

MONTANA CRANE & HOIST OPERATOR PROGRAM

301 South Park Avenue
PO Box 200513
Helena Montana 59620-0513
Phone: 406-841-2367 Fax: 406-841-2309
E-MAIL: dlibsdcr@mt.gov
WEBSITE: <http://www.craneoperator.mt.gov>

REQUEST FOR ON-SITE CRANE & HOIST OPERATOR EXAMINATION

- The Department may provide on-site written examinations only to those sites that have 6 or more approved examination candidates.
- The Department may provide on-site written **AND** practical examinations for sites with less than 6 approved examination candidate. This only applies to those examination candidates sitting for both the written and practical examination.
- All licensure applications must be approved by the Department for examination prior to their names being added to the examination roster. ***Please note that it can take up to two weeks to process an application.***
- Applicants whose applications have not yet been approved by the Department will not be allowed to sit for the scheduled examination. It is the applicant's responsibility to allow enough time for the application to be processed. ***Applications can take up to two weeks to process.***
- Requests for on-site examination must be received no sooner than two weeks from the desired examination date.
- Applications approved within two weeks of the scheduled examination may not be added to the roster.
- Examinations will not be graded on site. Results will be mailed to the candidate within 10 days to the preferred mailing address on file with the Department. Results WILL NOT be given over the telephone.

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Please complete this form to request an on-site crane & hoist examination. Requests that do not meet the Department requirements listed are not eligible for on-site examinations. Incomplete or illegible requests will not be processed.

BUSINESS REQUESTING EXAMINATION: _____

CONTACT PERSON: _____ PHONE: _____
(Please print)

ADDRESS OF EXAMINATION REQUEST: _____

PREFERRED DATE OF EXAMINATION: _____

(Departmental scheduling conflicts may not allow for your preferred date. A representative of the department will contact you if there is a conflict)

TYPE(S) OF EXAMINATION: ☐ Written only ☐ Written and Practical
(check only one)

I _____ acknowledge that I have read and agree to the instructions on page 1 of this on-site examination request. I acknowledge that the roster I am providing is for applicants approved by the Montana Crane & Hoist Licensing Program.

Signature

Date

REQUEST FOR ON-SITE CRANE & HOIST OPERATOR EXAMINATION ROSTER

[illegible]